

DME Acquisition Process for Medicaid Beneficiaries

Complex Durable Medical Equipment (DME)

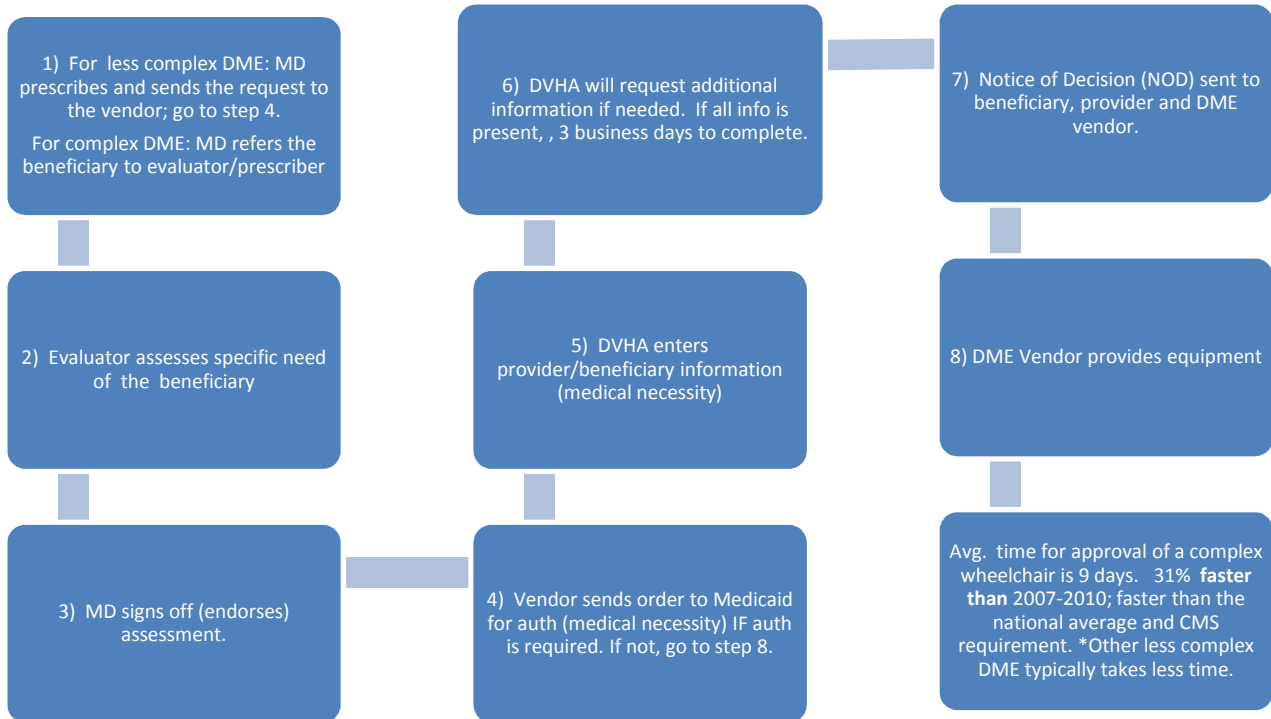
Acquisition Process

October 2013

1. **Provider** refers beneficiary to evaluator/prescriber, usually a physical or occupational therapist, for an assessment of what the beneficiary needs. This request can be faxed or electronically sent to the evaluator. The availability and schedule of the evaluator to do an assessment determines the timeframe. If the DME vendor needs to be present, such as when a trial needs to be performed, the time frame may increase.
2. **Evaluator** (PT,OT,ST) does the assessment to determine the beneficiary's individualized needs. The availability and schedule of the evaluator, the DME vendor, and the beneficiary determines the timeframe.
3. **Provider** signs off on the assessment (endorses) and completes prescription for needed equipment, then faxes it to the DME Vendor, who aggregates the clinical and manufacturer information, and determines the appropriate procedure coding.
4. **DME vendor** sends all documentation to Medicaid (DVHA) for authorization if prior authorization is required. If not, skip to step 8.
5. **DVHA administrative staff** enters provider and beneficiary basic information into data system, and then refers the request to a DVHA clinician for review for medical necessity.
6. **DVHA clinician** reviews the prior authorization request to determine if any additional documentation is needed to determine medical necessity. If additional information is needed, DVHA asks the DME vendor to provide it. When DVHA has all the necessary clinical information the clinician completes the review within three business days. If additional information is needed the providers are given 12 days to collect the information and submit to DVHA.
7. **DVHA** sends Notice of Decision (NOD) to beneficiary, Provider and DME vendor.
8. **DME vendor** provides the equipment or orders it for later receipt by beneficiary.

NOTE: The average amount of time from receipt of request by DVHA to approval date for complex wheelchairs is approximately 9 days. This is a 31% improvement from 2007-2010, which is better than the national average or what is required by CMS. For less complex equipment, such as equipment that is not evaluated through a hospital-based clinic, the time frame is shorter.

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*Customized wheelchairs take considerable more time to process through vendor.

* At any time if information is missing from Prescriber or Assessor, this will decrease turnaround time.